

The Commonwealth of Massachusetts
DIVISION OF CAREER SERVICES (DCS)
PAYMENT VOUCHER FORM

COMMODITY-BASED PAYMENT REQUEST (PRC) DOCUMENT ID						
CODE PRC	DEPT DES	UNIT	ID	DATE	ACCTG PRD	BUD FY
ACTION E	(E) (M)	SCH PAY DATE	OFF LIAB ACCT	VENDOR'S CERTIFICATION: I certify that the goods were shipped or the service rendered as set forth below. (1) (Please sign in ink)		
REFERENCED DOC ID:						

VENDOR NAME AND ADDRESS

DOCUMENT TOTAL: (2) amount		VENDOR INVOICE NUMBER (3)		TAXPAYER ID NUMBER (FEIN)		VENDOR CODE		EMP			
REFERENCED ORDER #	PROGRAM	LINE	QUANTITY	DESCRIPTION				UNIT PRICE		AMOUNT	
Workforce Training Fund				(4) WORKFORCE TRAINING FUND 2nd payment request 3rd payment request 4th payment request						25%	
				The undersigned authorized signatory approving this document certifies that this document and any attachments are accurate and complete and comply with all applicable general and specific laws and regulations. DCS DEPARTMENTAL APPROVAL SIGNATURE: _____ DATE: _____ TEL # _____							

FUND and DETAIL ACCOUNTING															
LN 01	CODE	DEPT	UNIT	ID	LINE	DEPT	APPROP	SUB	UNIT	S/UNIT	OBJ	PROGRAM	PHASE	EVENT TYPE	ACTIVITY
	RPTG	FUND	COMMODITY CODE		DEPT	VENDOR INVOICE NUMBER				DESCRIPTION:					
		MSA #	LINE #	DISC	DATES OF SERVICE (5) To				QUANTITY	(6) AMOUNT:		I/D	P/F		

I hereby certify under the penalties of perjury that all laws of the Commonwealth governing disbursements of public funds and the regulations thereof have been complied with and observed.		
FOR ACCOUNTING SERVICES DEPARTMENT USE ONLY:		
PREPARED BY:	_____	TITLE: _____ DATE: _____
APPROVED BY:	_____	TITLE: _____ DATE: _____
ENTERED BY:	_____	TITLE: _____ DATE: _____